Substitute PTO/SB/83 (01-06) Approved for use through 12/31/2008. OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	- Colonia Colo	Application	n No.	10/57	10/578,289				
	EQUEST EQD	Filing Date)	11/3/2004					
REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS			Patent/Registration No.						
			Grant Date						
			Inventor/Owner		Guzman				
			Attorney D	ocket No.	P015-P08173US				
P.C Ale	Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for the above identified patent application, and all the attorneys/agents of record. the attorneys/agents (with registration numbers) listed on the attached paper(s), or								
the attorneys/agents associated with Customer Number: 33356									
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are:							arged by the client.		
Certifications									
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.									
1. [X] I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.									
2. X I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.									
3. 🗵 I/We have notified the client of any responses that may be due and the time frame within which the client must respond.									
Please provide an explanation, if necessary:									
CORRESPONDENCE ADDRESS									
The correspondence address is NOT affected by this withdrawal.									
2. 🗵	Change the correspondence and address and direct all future correspondence to:								
The address associated with Customer Number:									
OR		Douglas N. Larson				•			
	ndividual Name								
Address 24772 Saddle Peak Roa				12. I 20070 00 10					
City		Malibu State		CA			Zip	90256-3042	
Country		US		I'm ii					
Telephone 310-317-4466 Email									
I am authorized to sign on behalf of myself and all withdrawing practitioners.									
Signature	/Steven C. Ser	eboff/							
Name	Steven C. Sere	eboff		Registration No	370	37035			
Date	January 28, 20	009		Telephone No.	808	805-230-1350			
		hen approved rather that wher e or possible extension period.					withdrav	val and the expiration	

D Ν

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by \$3 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. This well key depending upon the individual case. Any comments on the amount of the required principle this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DONOT SEND TESS OR COMPLETED FORMS TO 114TA SOFFICES SENT OF Commissioner for Pressing, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.